

FILING FEE RECEIVED

Government Claims Program  
Office of Risk and Insurance Management  
Department of General Services  
P.O. Box 989052, MS 414  
West Sacramento, CA 95798-9052

1052



For Office Use Only  
Government Claims Program

SEP 25 2017  
RECEIVED

1-800-955-0045 • [www.dgs.ca.gov/orim/Programs/GovernmentClaims.aspx](http://www.dgs.ca.gov/orim/Programs/GovernmentClaims.aspx)

[Clear Form](#) [Print Form](#)

**Is your claim complete?**

- Include a check or money order for \$25 payable to the State of California.** *17009718*
- Complete all sections relating to this claim and sign the form. Please print or type all information.
- Attach copies of any documentation that supports your claim. Please do not submit originals.

**Claimant Information** Use name of business or entity if claimant is not an individual

1	Jayasinghe	Tharanga	2	Tel:	
	Last name	First Name	MI	3	Email: t

4					
	Mailing Address	City	State	Zip	

5	Inmate or patient number, if applicable:				
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6	Is the claimant under 18?	If Yes, please give date of birth:
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7	N/A				
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*If you are an insurance company claiming subrogation, please provide your insured's name in section 7.*

8	N/A				
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*If your claim relates to another claim or claimant, please provide the claim number or claimant's name in section 8.*

**Attorney or Representative Information**

9			10	Tel:	
	Last name	First Name	MI	11	Email:

12					
	Mailing Address	City	State	Zip	

13	Relationship to claimant:				
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**Claim Information** Please add attachments as necessary

14	Is your claim for a stale-dated warrant (uncashed check)?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If No, skip to Step 15.	
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State agency that issued the warrant:

Dollar amount of warrant: Date of issue:

Warrant number: MM/DD/YYYY

15	Date of Incident: 8/13/2017				
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Was the incident more than six months ago?  Yes  No

If YES, did you attach a separate sheet with an explanation for the late filing?  Yes  No

16	State agencies or employees against whom this claim is filed:				
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Cal Fire/Riverside county

17	Dollar amount of claim: \$ 3500.00				
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If the amount is more than \$10,000, indicate the type of civil case:

Limited civil case (\$25,000 or less)

Non-limited civil case (over \$25,000)

Explain how you calculated the amount:

This is my deductible amount in order to receive the payment from the insurance company (State Farm) to fix the damage both to the exterior of the home and to the pool.

The cleaning of the exterior of the house and roof are still pending due to the insufficient funds from the insurance. Please refer to the attached work estimate from Service Master Restoration.

<b>18</b>	Location of the incident:  [REDACTED]		
<b>19</b>	Describe the specific damage or injury: The swimming pool and the exterior of the house (including the roof) were covered with fire retardant due to the air drop of fire retardant from the air tanker at the time of the Blaine Fire in Moreno Valley on August 13, 2017. (The pictures show the extensive damage to my home and the pool included in this report.)		
<b>20</b>	Explain the circumstances that led to the damage or injury:  We were not able to use the swimming pool and had to clean the surrounding area after the incident. In order to complete the cleaning work there are not enough funds from the insurance due to the fact that the insurance company has held the deductible which is \$3500.00.  (The work estimates for cleaning of the pool and exterior of the house are attached to this report as well.)		
<b>21</b>	Explain why you believe the state is responsible for the damage or injury:  An official from cal fire has acknowledged that the Air Tanker mistakenly dropped the fire retardant on the area where my home is located. An official from the Cal fire has already visited and provided necessary details to file this claim. Her contact information is as follows, Laura Germany, Cal Fire - Riverside County, (951) 313 2444/(951)485 0059/ laura.germany@fire.ca.gov		
<b>22</b>	Does the claim involve a state vehicle? <input type="radio"/> Yes <input checked="" type="radio"/> No If YES, provide the vehicle license number, if known:		
<b>Auto Insurance Information</b>			
<b>23</b>	Name of Insurance Carrier  [REDACTED]		
Mailing Address	City	State	Zip
Policy Number:	Tel:		
Are you the registered owner of the vehicle?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	
If NO, state name of owner:			
Has a claim been filed with your insurance carrier, or will it be filed?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	
Have you received any payment for this damage or injury?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	
If yes, what amount did you receive?			
Amount of deductible, if any:			
Claimant's Drivers License Number:	Vehicle License Number:		
Make of Vehicle:	Model:	Year:	
Vehicle ID Number:			
<b>Notice and Signature</b>			
<b>24</b>	I declare under penalty of perjury under the laws of the State of California that all the information I have provided is true and correct to the best of my information and belief. I further understand that if I have provided information that is false, intentionally incomplete, or misleading I may be charged with a felony punishable by up to four years in state prison and/or a fine of up to \$10,000 (Penal Code section 72).		
		THAKANGA JAYASINGHE	Date: 9/14/17
Signature of Claimant or Representative		Printed Name	
<b>25</b>	Mail this form and all attachments with the \$25 filing fee or the "Filing Fee Waiver Request" to: Government Claims Program, P.O. Box 989052, MS 414, West Sacramento, CA 95798-9052. Forms can also be delivered to the Office of Risk and Insurance Management, 707 3rd street, 1st Floor ORIM, West Sacramento, CA 95605.		



## Structural Damage Claim Policy

When you have a covered structural damage claim to your real property, you should know:

- We want you to receive quality repair work to restore the damages to your property.
- We will provide you with a detailed estimate of the scope of the damage and costs of repairs. Should the contractor you select have questions concerning our estimate, they should contact your claim specialist directly.
- Depending upon the complexity of your repair, our estimate may or may not include an allowance for general contractor's overhead and profit. If you have questions regarding general contractor's overhead and profit and whether general contractor services are appropriate for your loss, please contact your claim specialist before proceeding with repairs.
- There may be building codes, ordinances, laws, or regulations that affect the repairs of your property. These items may or may not be covered by your policy. Please contact your claim specialist if you have any questions regarding coverage which may be available under your policy.
- If you select a contractor whose estimate is the same as or lower than our estimate, based on the same scope of damages, we will pay based upon their estimate. If your contractor's estimate is higher than ours, you should contact your claim specialist prior to beginning repairs.
- State Farm® cannot authorize any contractor to proceed with work on your property. Repairs should proceed only with your authorization.
- State Farm does not guarantee the quality of the workmanship of any contractor or guarantee that the work will be accomplished within any specific time frame.
- It is understood that the contractor is hired by you, our insured, and that they work for you - not State Farm.

If you have any questions or need additional information regarding your claim, please contact your claim specialist immediately.

JAYASINGHE, THARANGA

75-1110-W25

Insured:	JAYASINGHE, THARANGA	Estimate:	75-1110-W25
Property:	[REDACTED]	Claim Number:	751110W25
Cellular:	951-452-6341	Policy Number:	75-E0-L039-0
Type of Loss:	Fire	Price List:	CABD28_AUG17
Deductible:	\$3,450.00		Restoration/Service/Remodel
Date of Loss:	8/13/2017		
Date Inspected:	8/21/2017		

**Summary for Coverage A - Dwelling - 33 Fire, Lightning, & Removal**

Line Item Total	9,469.01
Material Sales Tax	24.59
	_____
Replacement Cost Value	9,493.60
Less Deductible	(3,450.00)
	_____
Net Payment	\$6,043.60
	_____

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Eagle View  
309-994-8703

**ALL AMOUNTS PAYABLE ARE SUBJECT TO THE TERMS, CONDITIONS AND  
LIMITS OF YOUR POLICY.**

<b>Front Elevation</b>		<b>Formula Elevation 49' 5" x 19' 5" x 0"</b>
Missing Wall - Goes to Floor	16' X 7'	Opens into Exterior
Missing Wall - Goes to Floor	8' X 7'	Opens into Exterior
Missing Wall - Goes to Floor	6' X 6' 8"	Opens into Exterior
<b>Subroom 1: Entry Offset 1</b>		<b>Formula Elevation 8' 2" x 15' 3" x 0"</b>
<b>Subroom 2: Entry Offset 2</b>		<b>Formula Elevation 13' 5" x 10' 9" x 0"</b>
<b>Subroom 3: Offset</b>		<b>Formula Elevation 11' 9" x 11' 6" x 0"</b>
1,155.40 SF Walls	0.00 SF Ceiling	1,155.40 SF Walls & Ceiling
0.00 SF Floor	1,363.40 SF Short Wall	52.75 LF Floor Perimeter
1,363.40 SF Long Wall		82.75 LF Ceil. Perimeter

DESCRIPTION	QUANTITY	UNIT PRICE	TAX	RCV
1. Clean stucco	1,155.40 SF	0.52	0.90	601.71
2. Clean overhead door & hardware - Large	1.00 EA	51.35	0.02	51.37
3. Clean overhead door & hardware	1.00 EA	35.90	0.01	35.91
4. Clean window unit (per side) 10 - 20 SF	5.00 EA	12.79	0.01	63.96
5. Clean window unit (per side) 21 - 40 SF	3.00 EA	17.05	0.01	51.16
6. Clean exterior door (per side)	2.00 EA	12.08	0.03	24.19
7. Clean door / window opening (per side)	1.00 EA	11.02	0.00	11.02
8. Clean door hardware	2.00 EA	5.65	0.02	11.32
9. Clean fascia	82.75 LF	0.59	0.00	48.82
10. Clean soffit - wood	124.13 SF	0.32	0.10	39.82
11. Clean exterior light fixture	3.00 EA	11.97	0.01	35.92
12. Clean concrete the surface area	2,165.04 SF	0.26	1.68	564.59

Above line item is to clean concrete driveway, walk ways and rock planter bed.

**Totals: Front Elevation** 2.79      1,539.79

<b>Right Elevation</b>		<b>Formula Elevation 45' 3" x 10' 11" x 0"</b>
493.98 SF Walls	0.00 SF Ceiling	493.98 SF Walls & Ceiling
0.00 SF Floor	493.98 SF Short Wall	45.25 LF Floor Perimeter
493.98 SF Long Wall		45.25 LF Ceil. Perimeter

DESCRIPTION	QUANTITY	UNIT PRICE	TAX	RCV
Date: 8/23/2017 3:04 PM				Page: 4

**CONTINUED - Right Elevation**

<b>DESCRIPTION</b>	<b>QUANTITY</b>	<b>UNIT PRICE</b>	<b>TAX</b>	<b>RCV</b>
13. Clean stucco	597.90 SF	0.52	0.46	311.37
Measurements include chimney.				
14. Clean window unit (per side) 10 - 20 SF	1.00 EA	12.79	0.00	12.79
15. Clean window unit (per side) 21 - 40 SF	3.00 EA	17.05	0.01	51.16
16. Clean fascia	45.25 LF	0.59	0.00	26.70
17. Clean soffit - wood	67.88 SF	0.32	0.05	21.77
18. Masonry acid wash	531.69 SF	0.54	0.82	287.93
Above line item is for cleaning of rock pathway and stone wall.				
<b>Totals: Right Elevation</b>			<b>1.34</b>	<b>711.72</b>

**Left Elevation**

Missing Wall - Goes to Floor

2' 8" X 6' 8"

**Formula Elevation 40' 3" x 19' 5" x 0"****Opens into Exterior****Subroom 1: Offset**

1,114.41 SF Walls  
 118.82 SF Ceiling  
 118.82 SF Floor  
 878.19 SF Long Wall

118.82 SF Ceiling  
 860.19 SF Short Wall

1,233.23 SF Walls & Ceiling  
 81.42 LF Floor Perimeter  
 84.08 LF Ceil. Perimeter

**LxWxH 12' 1" x 9' 10" x 8'**

<b>DESCRIPTION</b>	<b>QUANTITY</b>	<b>UNIT PRICE</b>	<b>TAX</b>	<b>RCV</b>
19. Clean stucco	1,218.33 SF	0.52	0.94	634.47
Measurements include chimney.				
20. Clean window unit (per side) 10 - 20 SF	3.00 EA	12.79	0.00	38.37
21. Clean window unit (per side) 21 - 40 SF	2.00 EA	17.05	0.00	34.10
22. Clean exterior door (per side)	2.00 EA	12.08	0.03	24.19
23. Clean door / window opening (per side)	2.00 EA	11.02	0.00	22.04
24. Clean door hardware	2.00 EA	5.65	0.02	11.32
25. Clean fascia	84.08 LF	0.59	0.00	49.61

**CONTINUED - Left Elevation**

<b>DESCRIPTION</b>	<b>QUANTITY</b>	<b>UNIT PRICE</b>	<b>TAX</b>	<b>RCV</b>
26. Clean soffit - wood	126.12 SF	0.32	0.10	40.46
27. Clean exterior light fixture	1.00 EA	11.97	0.00	11.97
28. Masonry acid wash	537.83 SF	0.54	0.83	291.26
Above line item is for cleaning of concrete walkway and stone retaining wall.				
29. Clean with pressure/chemical spray	461.50 SF	0.34	0.36	157.27
Above line item is to clean wood fence.				
30. Clean air conditioning condenser unit	2.00 EA	56.29	0.20	112.78
<b>Totals: Left Elevation</b>			<b>2.48</b>	<b>1,427.84</b>

**Rear Elevation**

Missing Wall - Goes to Floor

5' X 8'

**Formula Elevation 25' x 22' 5" x 0"**

Missing Wall - Goes to Floor

5' X 8'

**Opens into Exterior****Opens into Exterior****Subroom 1: Offset**

783.96 SF Walls  
0.00 SF Ceiling  
0.00 SF Floor  
863.96 SF Long Wall

0.00 SF Ceiling  
863.96 SF Short Wall

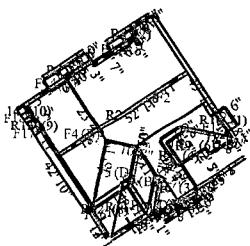
**Formula Elevation 25' 10" x 11' 9" x 0"**

783.96 SF Walls & Ceiling  
40.83 LF Floor Perimeter  
50.83 LF Ceil. Perimeter

<b>DESCRIPTION</b>	<b>QUANTITY</b>	<b>UNIT PRICE</b>	<b>TAX</b>	<b>RCV</b>
31. Clean stucco	783.96 SF	0.52	0.61	408.27
Measurements include chimney.				
32. Clean window unit (per side) 10 - 20 SF	7.00 EA	12.79	0.01	89.54
33. Clean window unit (per side) 21 - 40 SF	10.00 EA	17.05	0.02	170.52
34. Clean exterior door (per side)	4.00 EA	12.08	0.05	48.37
35. Clean door / window opening (per side)	2.00 EA	11.02	0.00	22.04
36. Clean door hardware	4.00 EA	5.65	0.05	22.65
37. Clean fascia	50.83 LF	0.59	0.00	29.99

**CONTINUED - Rear Elevation**

<b>DESCRIPTION</b>	<b>QUANTITY</b>	<b>UNIT PRICE</b>	<b>TAX</b>	<b>RCV</b>
38. Clean soffit - wood	76.25 SF	0.32	0.06	24.46
39. Clean exterior light fixture	2.00 EA	11.97	0.01	23.95
40. Masonry acid wash	1,738.00 SF	0.54	2.69	941.21
Above line item is for cleaning of concrete walkway around the pool and block wall.				
41. Clean with pressure/chemical spray	423.00 SF	0.34	0.33	144.15
Above line item is to clean wrought iron fence.				
* 42. Diamond Pool and Spa (Bid Item)	1.00 EA	1,094.00 *	0.00	1,094.00
43. Clean metal roofing	299.81 SF	0.23	0.23	69.19
Above line item is for cleaning of alumawood patio cover and post.				
<b>Totals: Rear Elevation</b>			<b>4.06</b>	<b>3,088.34</b>

**Source - Eagle View****Source - Eagle View****R2**

3,244.76 Surface Area  
 359.79 Total Perimeter Length  
 90.36 Total Hip Length

32.45 Number of Squares  
 54.51 Total Ridge Length

<b>DESCRIPTION</b>	<b>QUANTITY</b>	<b>UNIT PRICE</b>	<b>TAX</b>	<b>RCV</b>
44. Clean tile roofing	3,244.76 SF	0.67	2.51	2,176.50
<b>Totals: R2</b>			<b>2.51</b>	<b>2,176.50</b>

**General**

0.00 SF Walls

0.00 SF Ceiling

0.00 SF Walls &amp; Ceiling

JAYASINGHE, THARANGA	75-1110-W25	
0.00 SF Floor	0.00 SF Short Wall	0.00 LF Floor Perimeter
0.00 SF Long Wall		0.00 LF Ceil. Perimeter

DESCRIPTION	QUANTITY	UNIT PRICE	TAX	RCV
45. Two ladders with jacks and plank (per day)	2.00 DA	104.12	0.00	208.24
Above line item is for cleaning of the two story sections of affected elevation.				
46. Cleaning Technician - per hour	4.00 HR	37.58	0.00	150.32
Above line item is to clean exterior personal property and condenser units.				
47. Fall protection harness and lanyard - per day	4.00 DA	8.00	0.00	32.00
48. Add for personal protective equipment - Heavy duty	8.00 EA	18.43	11.41	158.85
<b>Totals: General</b>			<b>11.41</b>	<b>549.41</b>
Area Totals: Source - Eagle View				
4,332.54 Exterior Wall Area				
3,244.76 Surface Area	32.45 Number of Squares	719.59 Total Perimeter Length		
54.51 Total Ridge Length	90.36 Total Hip Length			
<b>Total: Source - Eagle View</b>			<b>13.92</b>	<b>2,725.91</b>
Area Totals: Source - Eagle View				
4,332.54 Exterior Wall Area				
3,244.76 Surface Area	32.45 Number of Squares	719.59 Total Perimeter Length		
54.51 Total Ridge Length	90.36 Total Hip Length			
<b>Total: Source - Eagle View</b>			<b>13.92</b>	<b>2,725.91</b>
<b>Line Item Totals: 75-1110-W25</b>			<b>24.59</b>	<b>9,493.60</b>

#### Grand Total Areas:

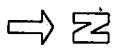
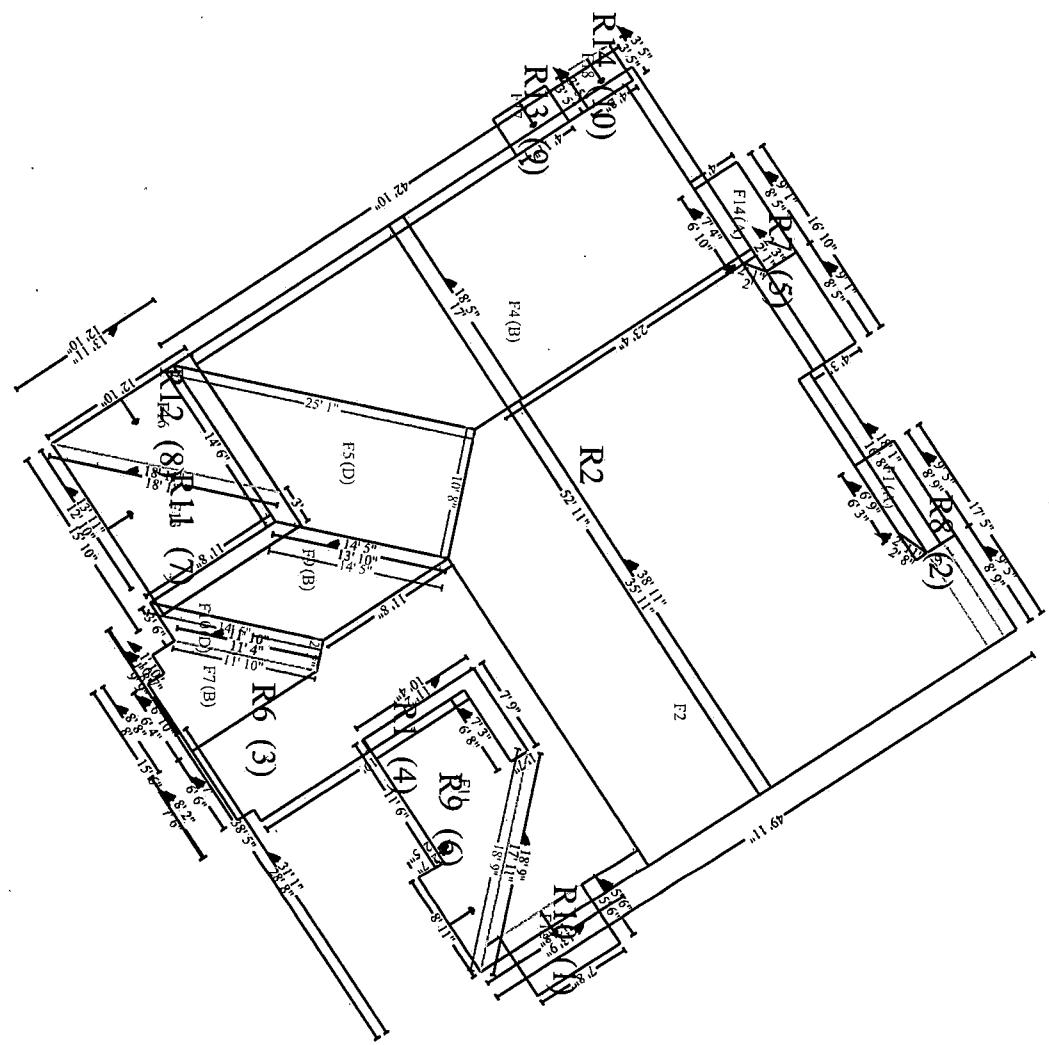
3,547.75 SF Walls	118.82 SF Ceiling	3,666.57 SF Walls and Ceiling
118.82 SF Floor	3,581.53 SF Short Wall	220.25 LF Floor Perimeter
3,599.53 SF Long Wall		262.92 LF Ceil. Perimeter
4,332.54 Exterior Wall Area		
3,244.76 Surface Area	32.45 Number of Squares	719.59 Total Perimeter Length
54.51 Total Ridge Length	90.36 Total Hip Length	

JAYASINGHE, THARANGA

75-1110-W25

**Recap of Taxes, Overhead and Profit**

	<b>GC Overhead (0%)</b>	<b>GC Profit (0%)</b>	<b>Material Sales Tax (7.75%)</b>	<b>Storage Rental Tax (7.75%)</b>	
<b>Line Items</b>	0.00	0.00	24.59		0.00
<b>Total</b>	<b>0.00</b>	<b>0.00</b>	<b>24.59</b>		<b>0.00</b>





ServiceMaster Restoration by EMT

Contractors License # 1008628  
Tax ID # 47-3733159  
Corporate Office: 500 Sequoia Avenue, Ontario, CA 91761  
(855) 376-6678  
[www.smemt.com](http://www.smemt.com)

Claim Rep.: N/A

Estimator: Brian Jones Business: (951) 852-6160  
Position: Field Contents Rep  
Company: ServiceMaster Emergency Management Team  
Business: 1651 Iowa Ave  
Riverside, CA 92507

Reference: Business: (888) 663-7560  
Company: State Farm

Contractor: Business: (855) 376-6678  
Company: ServiceMaster Restoration by EMT  
Business: 500 Sequoia Ave.  
Ontario, CA 91761

**Claim Number:** N/A

**Policy Number:**

#### Type of Loss: Fire

Date of Loss: 8/15/2017 8:40 AM  
Date Received: 8/15/2017 8:40 AM  
Date Inspected: 8/15/2017 2:15 PM  
Date Entered: 8/15/2017 2:15 PM

Price List: CABD8X\_AUG17  
Estimate: FIRETHARANGA  
Restoration/Service/Remodel

### *Preliminary Estimate*

Customer Name: Tharanga Jayasinghe

Date Received: 8/15/17

Thank you for doing business with Servicemaster Restoration by EMT.



## ServiceMaster Restoration by EMT

Contractors License # 1008628  
Tax ID # 47-3733159  
Corporate Office: 500 Sequoia Avenue, Ontario, CA 91761  
(855) 376-6678  
[www.smemt.com](http://www.smemt.com)

### FIRETHARANGA

#### Outdoor Cleaning

DESCRIPTION	QTY	REMOVE	REPLACE	TAX	TOTAL
1. Cleaning Technician - per hour	112.00 HR	0.00	48.00	0.00	5,376.00
<i>Includes to pressure wash the roof, fence, wall around the house, and hard scape of the front and back of the house, 4 people at 8 hrs per person for 3.5 days.</i>					
Totals: Outdoor Cleaning				0.00	5,376.00

#### Equipment

DESCRIPTION	QTY	REMOVE	REPLACE	TAX	TOTAL
2. Pressure Washer Unit	12.00 EA	0.00	175.00	0.00	2,100.00
<i>Includes 4 pressure washers for 3 days.</i>					
3. Moving van (14' - 15') and equipment - per day	3.00 EA	0.00	133.39	0.00	400.17
<i>Includes a vehicle to transport equipment.</i>					
4. Cargo van and equipment - per day	3.00 EA	0.00	111.16	0.00	333.48
5. Water Hose	12.00 EA	0.00	33.34	20.42	420.50
<i>4 hoses for 3 days.</i>					
6. Fall protection harness and lanyard - per day	9.00 DA	0.00	8.00	0.00	72.00
<i>3 for 3 days.</i>					
7. Ladder	9.00 EA	0.00	37.00	0.00	333.00
<i>3 for 3 days</i>					
Totals: Equipment				20.42	3,659.15
Line Item Totals: FIRETHARANGA				20.42	9,035.15



## ServiceMaster Restoration by EMT

Contractors License # 1008628  
Tax ID # 47-3733159  
Corporate Office: 500 Sequoia Avenue, Ontario, CA 91761  
(855) 376-6678  
[www.smemt.com](http://www.smemt.com)

### Summary for Dwelling

Line Item Total	9,014.73
Material Sales Tax	20.42
<b>Replacement Cost Value</b>	<b>\$9,035.15</b>
<b>Net Claim</b>	<b>\$9,035.15</b>

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Brian Jones  
Field Contents Rep

DIAMOND POOL AND SPA  
P.O. BOX 3375  
ONTARIO CA 91761

**INVOICE**

THARANGA JAYASINGHE

**Invoice #** 0000001**Invoice Date** 08/20/2017**Due Date** 08/20/2017

<b>Item</b>	<b>Description</b>	<b>Unit Price</b>	<b>Quantity</b>	<b>Amount</b>
Service	CHLORINE WASH OF POOL AND SPA	480.00	1.00	480.00
Service	FILTER CARTRIDGE REPLACEMENT LBR.	65.00	1.00	65.00
Service	SALT SYSTEM CELL CLEANING LBR.	65.00	1.00	65.00
Service	SALT SYSTEM START UP & INSPECTION	250.00	1.00	250.00
Product	C2025 CARTRIDGE, FILTER ELEMENT	58.50	4.00	234.00

**NOTES:** PERFORMING CHLORINE WASH ON POOL AND SPA FOR THE PURPOSE OF REMOVING ORGANIC STAINS( ONLY), OTHER STAINS MAY NOT COME OFF. FOR EXAMPLE, CALCIUM OR METAL STAINS. IF UPON INSPECTION OF POOL EQUIPMENT, OTHER PROBLEMS EMERGE, ADDITIONAL CHARGES MAY APPLY. THIS IS AN ESTIMATE ON REPAIRS DESCRIBED ABOVE.

	<b>Subtotal</b>	1,094.00
	<b>Total</b>	1,094.00
	<b>Amount Paid</b>	0.00
	<b>Balance Due</b>	\$1,094.00



TJAY &lt;tharangagihan@gmail.com&gt;

**Fw: Government Claims Program - California**

2 messages

**Germany, Laura@CALFIRE <Laura.Germany@fire.ca.gov>**  
To: "tharangagihan@gmail.com" <tharangagihan@gmail.com>

Thu, Aug 17, 2017 at 6:35 PM

Below is the correct site to go through. Sorry for the inconvenience and I hope this claim goes through its never a for sure thing because they have to review everything and get all the facts. I will have them available if or when they call.

Thank You

Laura Germany

Calfire

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**From:** Germany, Laura@CALFIRE  
**Sent:** Thursday, August 17, 2017 6:21 PM  
**To:** Germany, Laura@CALFIRE  
**Subject:** Government Claims Program - California

<http://www.dgs.ca.gov/orim/Programs/GovernmentClaims.aspx>

**Government Claims Program - California**

[www.dgs.ca.gov](http://www.dgs.ca.gov)

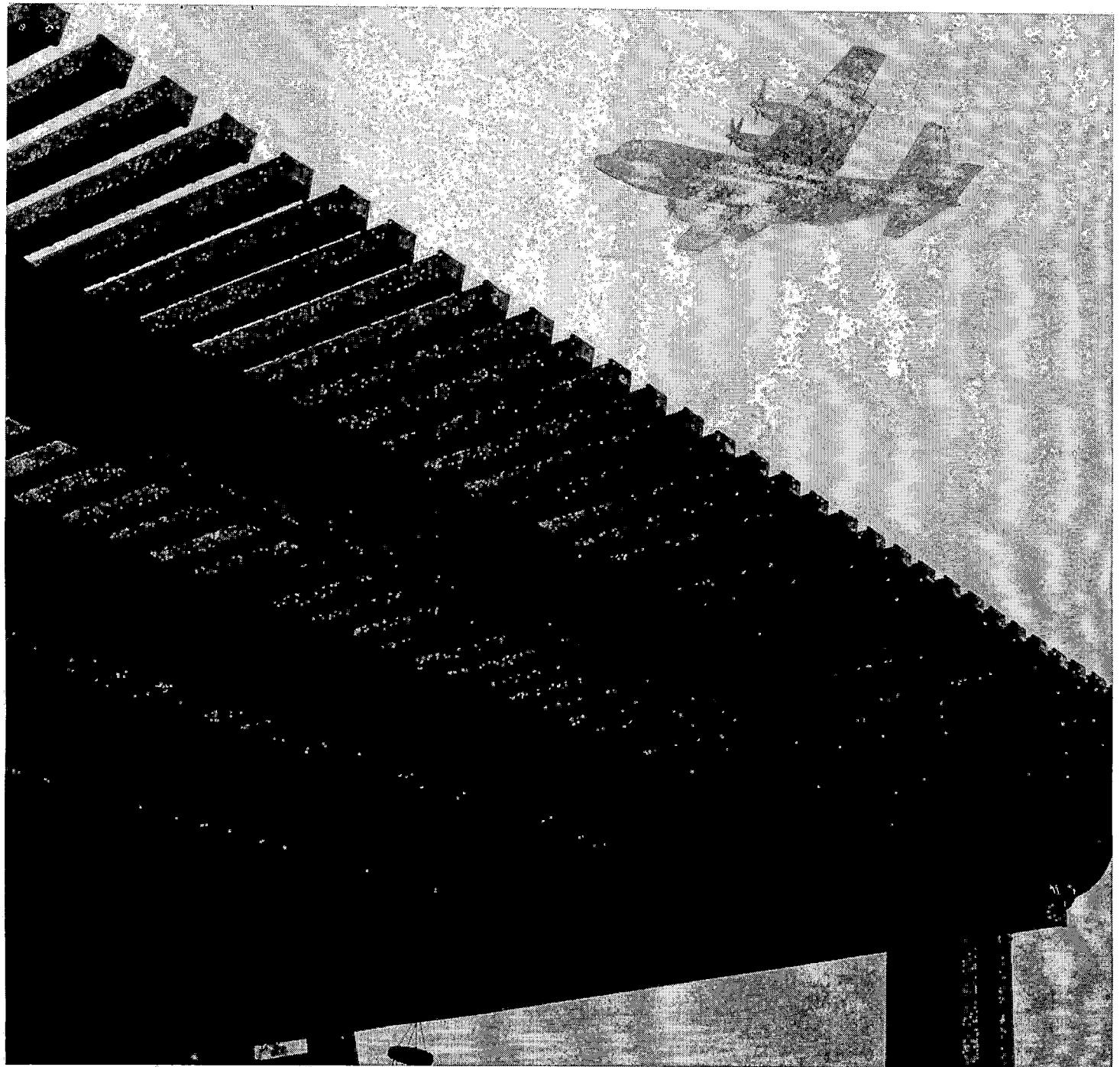
Claim processing for money or damages against the state

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tharangagihan@gmail.com <tharangagihan@gmail.com>  
To: "Germany, Laura@CALFIRE" <Laura.Germany@fire.ca.gov>

Dear Laura ,

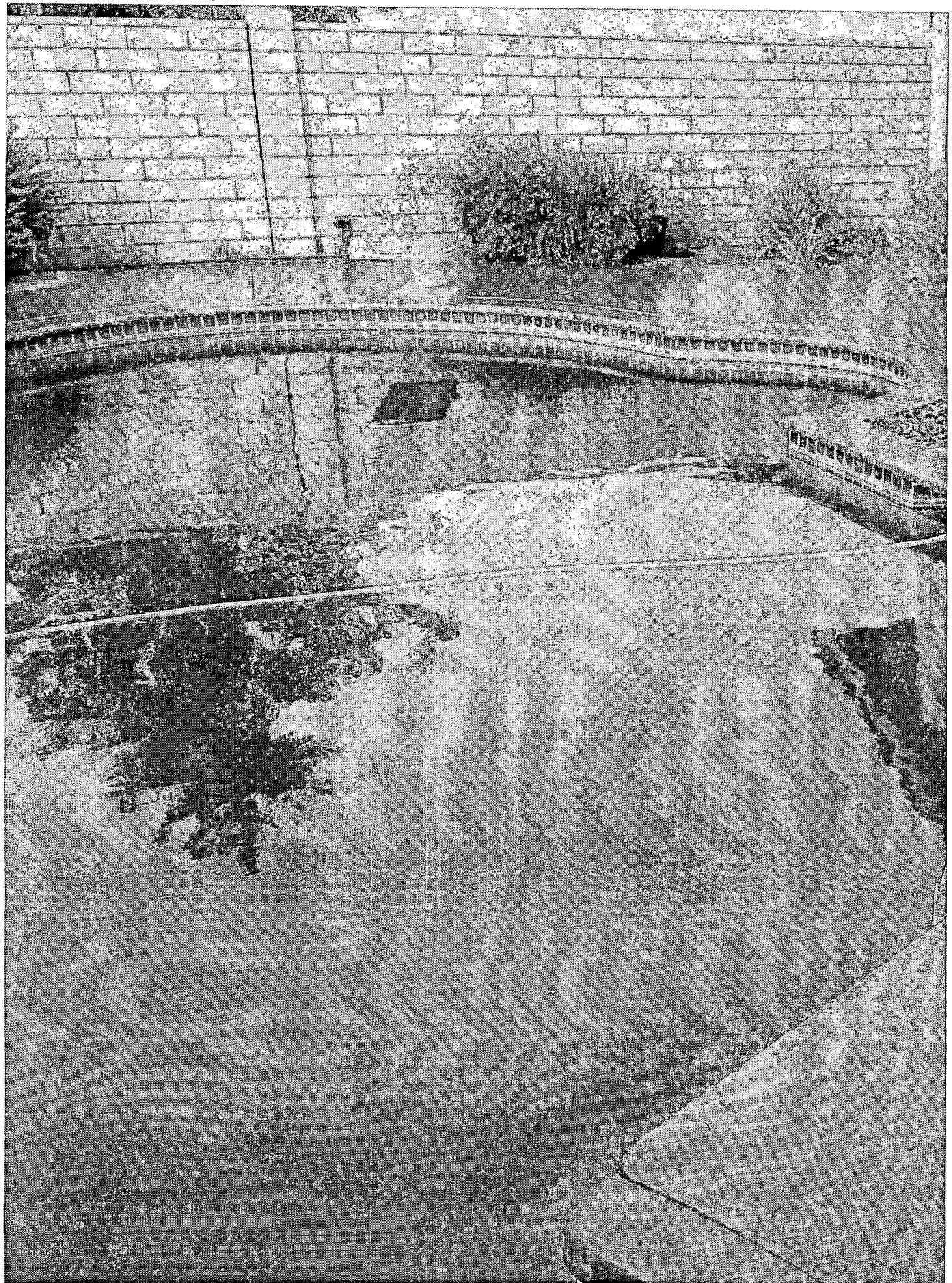
Thanks for your email with the correct information. Please find the attached photos of the damages .



# Moreno Valley - Hidden Springs Details

Yesterday 18:00









THARANGA JAYASINGHE



Government Claims Program  
Office of Risk and Insurance Management  
Department of General Services  
P.O. Box 989052, MS 414  
West Sacramento, CA 95798-9052